



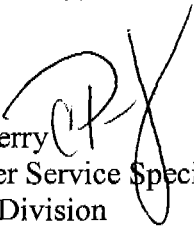
0000000691

MEMORANDUM

JUN 21 2000

DOCKETED BY

TO: Nancy Cole
Docket Control

FROM: Alicen Perry 
Consumer Service Specialist
Utilities Division

DATE: June 23, 2000

RE: Navajo Transmission Project
Docket L-00000U-00-0103

Please find the Original Notice of Hearing signed by Deborah Scott, plus 100 copies, the routing list, as well as labels for mailing. As we discussed the Notice of Hearing is to be mailed by certified mail.

RECEIVED
AZ CORP COMMISSION

**BEFORE THE ARIZONA POWER PLANT AND
TRANSMISSION LINE SITING COMMITTEE** Jan 21 4 56 PM '00

DOCUMENT CONTROL

IN THE MATTER OF THE APPLICATION OF DINE POWER AUTHORITY, IN CONFORMANCE WITH THE REQUIREMENTS OF THE ARIZONA REVISED STATUTES 40-360.03 AND 40-360.06, FOR A CERTIFICATE OF ENVIRONMENTAL COMPATIBILITY (CEC) FOR CONSTRUCTING THE ARIZONA PORTION OF A SINGLE-CIRCUIT ALTERNATING CURRENT 500kV TRANSMISSION LINE BETWEEN THE EXISTING SHIPROCK SUBSTATION NEAR FARMINGTON, NEW MEXICO AND THE PLANNED MARKETPLACE SUBSTATION NEAR BOULDER CITY, NEVADA. THIS APPLICATION PRESENTS A PROPOSED TRANSMISSION LINE ROUTE AND AN ALTERNATIVE ROUTE. THE TOTAL DISTANCE OF THE PROPOSED ROUTE DESCRIBED IN THIS APPLICATION IS 462 MILES, OF WHICH 138 MILES WILL REQUIRE A CEC. THE TOTAL DISTANCE OF THE ALTERNATIVE ROUTE DESCRIBED IN THIS APPLICATION IS 470 MILES, WHICH 181 MILES WILL REQUIRE A CEC. THOSE PORTIONS OF THE PROPOSED AND ALTERNATIVE ROUTES FOR WHICH A CEC IS REQUIRED EXTEND FROM THE WESTERN BOUNDARY OF THE NAVAJO INDIAN RESERVATION, WEST OF MOENKOPI SUBSTATION, WEST TO THE ARIZONA/NEVADA BORDER, EXCLUSIVE OF HUALAPAI RESERVATION LANDS.

CASE NO. 103
DOCKET NO. L-00000U-00-0103

NOTICE OF HEARING

A public hearing will be held before the Power Plant and Transmission Line Siting Committee (the "Committee") at the **Best Western Executive Park Hotel, 1100 North Central Avenue, Phoenix, Arizona, on Monday, July 31, 2000 at 1:00 p.m.** or as soon as the matter can be heard, regarding the Application of Dine Power Authority, Navajo Transmission Project, for a Certificate of Environmental Compatibility for constructing the Arizona portion of a single-circuit alternating current 500kV transmission line between the existing Shiprock Substation near Farmington, New Mexico and the planned Marketplace Substation near Boulder City, Nevada. This application presents a proposed transmission line route and an alternative route. The total distance of the proposed route described in this application is 462 miles, of which 138 miles will require a CEC. The total distance of the alternative route described in this application is 470 miles, of which 181 miles will require a CEC. Those portions of the proposed and alternative routes for which a CEC is required extend from the western boundary of the Navajo Indian Reservation, west of Moenkopi Substation, west to the Arizona/Nevada border, exclusive of Hualapai Indian Reservation lands.

The proposed site of the Navajo Transmission Project is shown on the map attached.

The Application, including detailed maps of the proposed Navajo Transmission Project, is on file with Docket Control Center of the Arizona Corporation Commission, 1200 West Washington, Suite #108, Phoenix, Arizona 85007 and the Commission's Tucson Office at 400 West Congress, Suite #218, Tucson, Arizona 85701.

Depending upon the issues raised and the number of intervenors appearing during the hearing, the Committee may deem it appropriate at some point to recess the hearing to a time and place to be announced during the hearing. At the discretion of the Committee, such resumed hearing may be held at a date, time and place agreed upon by the Committee and parties of interest.

NOTE: No formal notice of such resumed hearing will be given.

Each county municipal government and state agency interested in the proposed facilities and desiring to become a party to the certificate proceeding, shall, not less than ten (10) days before the date set for hearing, file with the Director of Utilities, Arizona Corporation Commission, 1200 West Washington, Phoenix, Arizona 85007, a notice of its intent to be party,

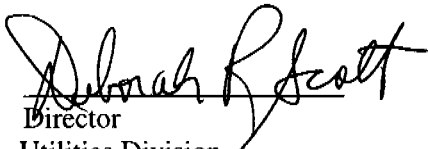
Any domestic, non-profit corporation or association, formed in whole or in part to promote conservation of natural beauty, to protect the environment, personal health or other biological values, to preserve historical sites, to promote consumer interests, to represent commercial and industrial groups, or to promote the orderly development of the area in which the facilities are to be located and desiring to become a party to the certification proceeding, shall, not less than ten (10) days before the date set for hearing, file with the Director of Utilities, Arizona Corporation Commission, 1200 West Washington, Phoenix, Arizona 85007, a notice of its intent to be a party.

The Committee or hearing officer, at any time deemed appropriate, may make other persons parties to the proceedings.

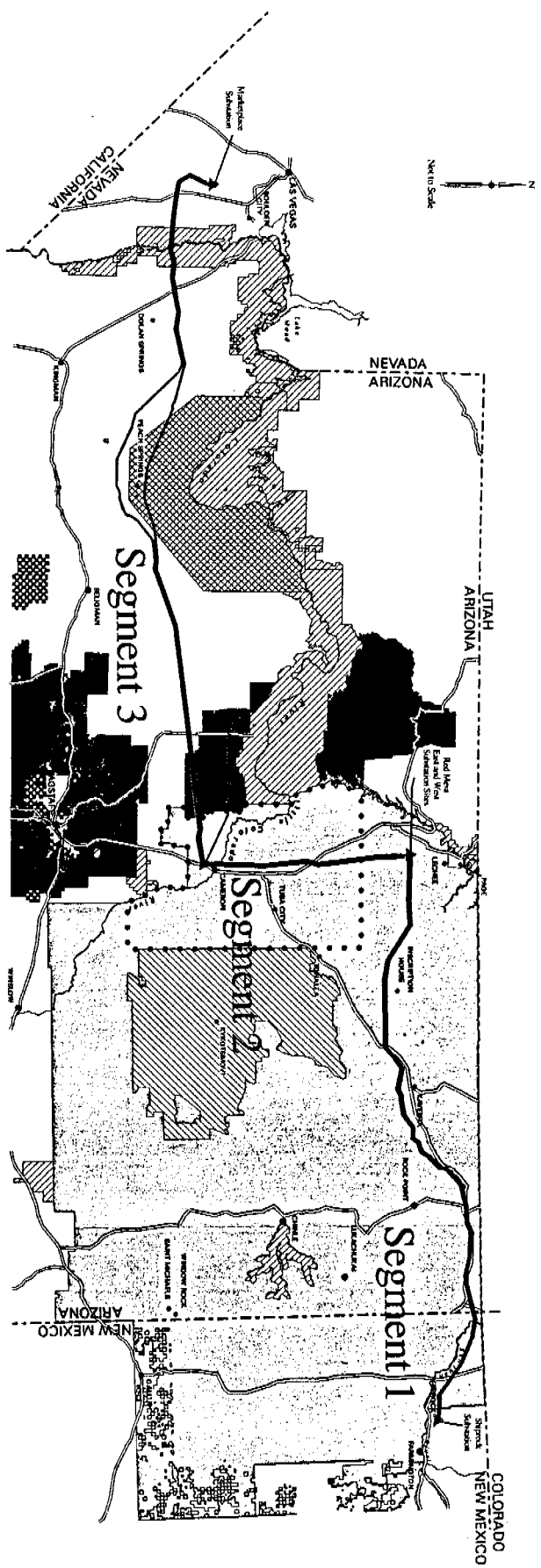
Any person may make a limited appearance at the hearing by filing a statement in writing with the Director of Utilities, Arizona Corporation Commission, 1200 West Washington, Phoenix, Arizona 85007, not less than five (5) days before the date set for hearing. A person making a limited appearance shall not be party or have the right to present testimony or cross-examine witnesses.

The written decision of the Commission shall be submitted to the Arizona Corporation Commission pursuant to Arizona Revised Statutes Section 40-360.07. Any person intending to be a party before the Commission must be a party to the certification proceedings.

ORDERED this 20th day of June, 2000



Director
Utilities Division
Arizona Corporation Commission
1200 West Washington
Phoenix, AZ 85007



Legend

- Navajo Indian Reservation
- Hopi Indian Reservation
- Hualapai Indian Reservation
- National Park Service
- National Forests
- State, Private, Municipal, or Bureau of Land Management
- Burned Freeze Area

- Transmission Line Location
- Proposed Route
- Alternative Route
- Substation Sites

Project Location

Navajo Transmission Project

Figure 1
April 2000

L-000000-00-0103

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

Michael Grant, Attorney
Gallagher & Kennedy, P.A.
2575 E. Camelback Road
Phoenix, Az 85016-9225

4a. Article Number

0618186881

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COB

7. Date of Delivery

12/10/94

5. Received By: (Print Name)

E. S. Smith

6. Signature (Addressee or Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

Domestic Return Receipt

102595-99-8-0223

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Kingman Daily Miner
3015 Stockton Hill Rd
Ajo, AZ 85321-0021

P 618 188 204

Fold at line over top of
the right of the return

L-000004 -00-0103

SENDER:☐ Complete items 1 and/or 2 for additional services.☐ Complete items 3, 4a, and 4b.☐ Print your name and address on the reverse of this form so that we can return this card to you.☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.☐ Write "Return Receipt Requested" on the mailpiece below the article number.☐ The Return Receipt will show to whom the article was delivered and the date delivered.**3. Article Addressed to:**

Kingman Daily Miner
3015 Stockton Hill Rd
Ajo, AZ 85321-0021

4a. Article Number

P618 188 204

4b. Service Type

☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

☒ Certified☐ Insured☐ COD**7. Date of Delivery****5. Received By: (Print Name)****8. Addressee's Address (Only if requested and fee is paid)****6. Signature (Addressee or Agent)**

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

P 618 288 225

US Postal Service Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Mohave Electric Coop
P.O. Box 61868
Bullhead City, AZ 86430

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Mohave Electric Coop
P.O. Box 61868
Bullhead City, AZ 86430
Incorporation Commission
DOCKETED

JUN 30 2000

5. Received By: (Print Name)

DOCKETED BY

6. Signature (Addressee or Agent)

JN

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

4a. Article Number

P618 188 225

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

042 981 919 P

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
Sent to

NE V Southwest LLC
3030 North Central Ave #401
Phoenix, AZ 85012-2715

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

042 981 919 P

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sierra Southwest Electric Coop
3900 East Braodway
Tucson, AZ 85711

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
Sent to
City Clerk
Charlene Ware
310 North 4th Street
Kingman, AZ 86401

P 515 188 178

50103

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
Eastern Competitive Solutions
Route 4 Box 1803
Lakeside, AZ 85929

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
Dennis Sundie
Department of Water Resources
500 North 3rd Street
Phoenix, AZ 85004-3903

P 515 188 161

042 981 919 P

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

KBBC FM
2001 Industrial Blvd
Lake Havasu, AZ 86403

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

K-000004-00-0103
P 618 188 158

US Postal Service Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to Wayne Smith	Street & Number 3106 S 32nd Street	Post Office, State, & ZIP Code Phoenix, AZ 85040
Postage \$	Certified Fee	Special Delivery Fee
Return Receipt Showing to Whom, Date, & Addressee's Address	Restricted Delivery Fee	Postmark or Date
Return Receipt Showing to Whom, Date, & Addressee's Address	Restricted Delivery Fee	Postmark or Date
TOTAL Postage & Fees \$		

PS Form 3800, April 1995

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Wayne Smith
3106 South 32nd Street
Phoenix, AZ 85040

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

4a. Article Number

P 618 188 158

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

5. Received By: (Print Name)

Arizona Corporation Commission

6. Signature (Address and Date)

DOCKETED

PS Form 3811, December 1992 9 2000

102595-99-8-0223

Domestic Return Receipt



Thank you for using Return Receipt Service.

RECYCLED PAPER
MINIMUM 20% POST-CONSUMER
FIBER CONTENT



Columbian

L 00000 u-00-0103
P 618 188 999

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
Arizona Public Service
400 East Van Buren
Phoenix, AZ 85004

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
New West Energy, Inc
P.O. Box 61868
Phoenix, AZ 85082-1868

L 00000 u-00-0103
P 618 188 999

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

New West Energy, Inc
P.O. Box 61868
Phoenix, AZ 85082-1868

4a. Article Number
P618 188 999

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

4c. Certified
☒ Certified
☐ Insured

7. Date of Delivery
6-29-00

8. Addressee's Address (Only if requested and fee is paid)

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

5. Received By: (Print Name)
P. J. STEPHENSON

6. Signature (Addressee or Agent)
P. J. STEPHENSON

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Arizona Public Service
400 East Van Buren
Phoenix, AZ 85004

4a. Article Number
212

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

4c. Certified
☒ Certified
☐ Insured

7. Date of Delivery
JUN 29 2000

8. Addressee's Address (Only if requested and fee is paid)

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

PS Form 3811, December 1994

PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Merna Honga
 Office of Cultural Resources
 PO Box 310
 Peach Springs, AZ 86434

4a. Article Number
 618 187 305

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

5. Received By: (Print Name)
 Merna Honga

6. Signature (Addressed to Agent)
 Merna Honga

7. Date of Delivery
 7-17-00

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Citizens Utilities
 2901 North Central Ave
 Phoenix, AZ 85012

4a. Article Number
 618 188 998

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

5. Received By: (Print Name)
 Trudy Ruth

6. Signature (Addressed to Agent)
 Trudy Ruth

7. Date of Delivery
 6-28

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 618 187 305
 L#0103

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to	Merna Honga
Street & Number	Office of Cultural Resources
Post Office, State & ZIP Code	PO Box 310
Postage	Peach Springs, AZ
Certified Fee	86434
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 998

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Citizens Utilities
 2901 North Central Ave
 Phoenix, AZ 85012

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Hopi Tribe
 Hopi Tribe Administration
 Cultural Preservation Office
 Main Street
 Kykotsmavi, AZ 86039

4. Article Number:
 618187303

4a. Service Type:
☐ Registered
☐ Certified
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

4b. Registered
☒ Certified
☐ Insured

5. Received By: (Print Name)
 [Signature]

6. Signature (Addressee or Agent)
 [Signature]

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Chairman Louis Dennis
 Navajo Tribal Council
 P.O. Box 179
 Peach Springs, AZ 86434

4. Article Number:
 618187304

4a. Service Type:
☐ Registered
☐ Certified
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

4b. Registered
☒ Certified
☐ Insured

5. Received By: (Print Name)
 Louis Dennis

6. Signature (Addressee or Agent)
 [Signature]

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

20103
 P 618 187 303

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to:
 Hopi Tribe
 Street & Number:
 Hopi Tribal Admin.
 Post Office, State, & ZIP Code:
 Cultural Preservation Office
 Postage:
 Main Street
 Certified Fee:
 Kykotsmavi, AZ
 Special Delivery Fee:
 86039
 Restricted Delivery Fee:
 Return Receipt Showing to Whom & Date Delivered:
 Return Receipt Showing to Whom, Date, & Addressee's Address:
 TOTAL Postage & Fees:
 \$
 Postmark or Date:

PS Form 3800, April 1995

2-0103
 P 618 187 304

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to:
 Chairman Louis Dennis
 Street & Number:
 Navajo Tribal Council
 Post Office, State, & ZIP Code:
 P.O. Box 179
 Peach Springs, AZ 86434
 Certified Fee:
 Special Delivery Fee:
 Restricted Delivery Fee:
 Return Receipt Showing to Whom & Date Delivered:
 Return Receipt Showing to Whom, Date, & Addressee's Address:
 TOTAL Postage & Fees:
 \$
 Postmark or Date:

PS Form 3800, April 1995

Postmark or Date	
TOTAL Postage & Fees	\$
Date, & Addressee's Address	
Return Receipt Showing to Whom	
Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	\$
Post Office, State, & ZIP Code	
Street & Number	
Sent to	

US Postal Service
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

P 618 187 301
L# 0103

Postmark or Date	
TOTAL Postage & Fees	\$
Date, & Addressee's Address	
Return Receipt Showing to Whom	
Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	\$ 87305-1060
Post Office, State, & ZIP Code	
Street & Number	
Sent to	

US Postal Service
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

P 618 187 302
L# 0103

Is your RETURN ADDRESS completed on the reverse side?

SENDER: L-600004-00-0103

☐ Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

4a. Article Number: P 618 187 301

4b. Service Type:
☐ Registered
☐ Express Mail
☐ Certified
☐ Insured
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name) Joe Muscato

6. Signature (Addressed to Agent) Joe Muscato

7. Date of Delivery: 7-14-68

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: L-000004-00-0103

☐ Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

4a. Article Number: P 618 187 302

4b. Service Type:
☐ Registered
☐ Express Mail
☐ Certified
☐ Insured
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name) Joe Muscato

6. Signature (Addressed to Agent) Joe Muscato

7. Date of Delivery:

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Illinova Energy Partners Inc
325 East Southern Ave #104
Tempe, AZ 85282

4a. Article Number
9618 188 242

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name)
Kirsten Moore

6. Signature (Addressee or Agent)
Kirsten Moore

7. Date of Delivery
JUN 28 2000

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
KWH Metering LLC
405 East Wetmore #117-513
Tucson, AZ 85705

4a. Article Number
9618 188 243

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
KWH

7. Date of Delivery
6/17

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

P 618 188 242

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
Sent to

Illinova Energy Partners Inc
325 East Southern Ave #104
Tempe, AZ 85282

PS Form 3800, April 1995

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

20103

P 618 188 243

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

KWH Metering LLC
405 East Wetmore #117-513
Tucson, AZ 85705

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

L-000004-00-0103

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Sempra Energy Trading Corp
58 Commerce
Stanford, CT 06902

4a. Article Number

PC18 188 239

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

L-000004-00-0103

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Public Service Company of New Mexico
400 Gold Ave SW Suite #1200
Albuquerque, NM 87102

4a. Article Number

PC18 188 241

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

5. Received By: (Print Name)

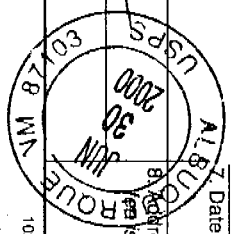
8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt



Thank you for using Return Receipt Service.

P 618 188 239

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sempra Energy Trading Corp
58 Commerce
Stanford, CT 06902

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 241

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Public Service Company of New Mexico
400 Gold Ave SW Suite #1200
Albuquerque, NM 87102

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services:
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Duncan Valley Electric Coop
 P.O.Box 440
 Duncan, AZ 85534

4a. Article Number
 188 237

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☒ Certified
☐ Insured
☐ COD

5. Received By: (Print Name)
 Mike Clark

6. Signature (Addressee or Agent)
 Mike Clark

7. Date of Delivery
 JUN 98

8. Addressee's Address (Only if requested and fee is paid)
 102595-99-B-0223 Domestic Return Receipt

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services:
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 PG & E Energy Service Corp
 6900 East Camelback Rd #800
 Scottsdale, AZ 85251-0000

4a. Article Number
 188 238

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☒ Certified
☐ Insured
☐ COD

5. Received By: (Print Name)
 Bruce Traas

6. Signature (Addressee or Agent)
 Bruce Traas

7. Date of Delivery
 6-28

8. Addressee's Address (Only if requested and fee is paid)
 102595-99-B-0223 Domestic Return Receipt

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

P 618 188 237

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Duncan Valley Electric Coop
 P.O.Box 440
 Duncan, AZ 85534

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

P 618 188 238

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

PG & E Energy Service Corp
 6900 East Camelback Rd #800
 Scottsdale, AZ 85251-0000

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

P 618 188 234

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Continental Divide Electric Coop
 P.O.Box 786
 Gallup, New Mexico 87301

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 235

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Trico Electric Coop
 5100 West Ina Rd
 Tucson, AZ 85743

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

Continental Divide Electric Coop
 P.O.Box 786
 Gallup, New Mexico 87301

4a. Article Number

P618 188 234

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery
 JUN 1995

5. Received By: (Print Name)

Edie Humphreys
 Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

Trico Electric Coop
 5100 West Ina Rd
 Tucson, AZ 85743

4a. Article Number

P618 188 235

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery
 JUN 1995

5. Received By: (Print Name)

Karen Goumies
 Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811

Thank you for using Return Receipt Service.

P 618 188 232

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)
 Sent to

Sulphur Springs Valley Electric Coop
 P.O.Box 820
 Wilcox, AZ 85644

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 233

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Star Data Service LLC
 Ironwood Bldg, Ste #300
 2920 Highwoods Bldg
 Raleigh, NC 27604

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

Sulphur Springs Valley Electric Coop
 P.O.Box 820
 Wilcox, AZ 85644

4a. Article Number

P 618 188 232

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ Insured
☐ COD

7. Date of Delivery

6-29-00

8. Addressee's Address (Only if requested and fee is paid)**5. Received By: (Print Name)****6. Signature (Addressee or Agent)**

PS Form 3811, December 1994

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

Star Data Service LLC
 Ironwood Bldg, Ste #300
 2920 Highwoods Bldg
 Raleigh, NC 27604

4a. Article Number

P 618 188 233

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ Insured

7. Date of Delivery

6-30-00

8. Addressee's Address (Only if requested and fee is paid)**5. Received By: (Print Name)****6. Signature (Addressee or Agent)**

PS Form 3811, December 1994

102595-99-8-0223

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

5. Received By: (Print Name)
Michelle Hansen
6. Signature (Addressee or Agent)
Michelle Hansen

8. Addressee's Address (Only if requested and fee is paid)
652800

7. Date of Delivery

4a. Article Number
P618 188 229

4b. Service Type

☐ Registered

☐ Express Mail

☐ Return Receipt for Merchandise

☐ COD

☒ Certified

☐ Insured

☐ Insured

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☐ Insured

3. Article Addressed to:

Navajo Electric Coop

P.O. Box 308

Lakeside, AZ 85929

4a. Article Number

4b. Service Type

☐ Registered

☐ Express Mail

☐ Return Receipt for Merchandise

☐ COD

☒ Certified

☐ Insured

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4a. Article Number

4b. Service Type

☐ Registered

☐ Express Mail

☐ Return Receipt for Merchandise

☐ COD

☒ Certified

☐ Insured

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4a. Article Number

4b. Service Type

☐ Registered

☐ Express Mail

☐ Return Receipt for Merchandise

☐ COD

☒ Certified

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4a. Article Number

4b. Service Type

☐ Registered

☐ Express Mail

☐ Return Receipt for Merchandise

☐ COD

☒ Certified

☐ Insured

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4a. Article Number

4b. Service Type

☐ Registered

☐ Express Mail

☐ Return Receipt for Merchandise

☐ COD

☒ Certified

☐ Insured

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4a. Article Number

4b. Service Type

☐ Registered

☐ Express Mail

☐ Return Receipt for Merchandise

☐ COD

☒ Certified

☐ Insured

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4a. Article Number

4b. Service Type

☐ Registered

☐ Express Mail

☐ Return Receipt for Merchandise

☐ COD

☒ Certified

☐ Insured

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☐ Insured

4a. Article Number

4b. Service Type

☐ Registered

☐ Express Mail

☐ Return Receipt for Merchandise

☐ COD

☒ Certified

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Schlumberger Resources
 6960 Koll Center Parkway
 Pleasanton, CA 94566

4a. Article Number
 P618 188 227

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

5. Received By: (Print Name)
 W. A. Carter

6. Signature (Addressee or Agent)
 W. A. Carter

7. Date of Delivery
 6/29/83

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Ajo Improvement Co
 Post Office Drawer 9
 Ajo, AZ 85321

4a. Article Number
 P618 188 228

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

5. Received By: (Print Name)
 W. A. Carter

6. Signature (Addressee or Agent)
 W. A. Carter

7. Date of Delivery
 6-28-83

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

P 618 188 227

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Schlumberger Resources
 6960 Koll Center Parkway
 Pleasanton, CA 94566

Postage

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 228

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Ajo Improvement Co
 Post Office Drawer 9
 Ajo, AZ 85321

Special Delivery Fee

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Tucson Electric Power
P.O.Box 27327
Tucson, AZ 85726

4a. Article Number
618 188 224

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name)
[Signature]

6. Signature (Addressee or Agent)
[Signature]

7. Date of Delivery
11/10/94

8. Addressee's Address (Only if requested and fee is paid)
11100 0000

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Morenci Water & Electric
P.O.Box 68
Morenci, AZ 85540

4a. Article Number
618 188 226

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name)
St. Joseph

6. Signature (Addressee or Agent)
[Signature]

7. Date of Delivery
6/29/00

8. Addressee's Address (Only if requested and fee is paid)
11100 0000

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 618 188 224

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Tucson Electric Power
P.O.Box 27327
Tucson, AZ 85726

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

P 618 188 226

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Morenci Water & Electric
P.O.Box 68
Morenci, AZ 85540

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

P 618 188 222

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Graham County Electric
P.O. Box Drawer B
Pima, AZ 85543

PS Form 3800, April 1995

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

P 618 188 223

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

FirstPoint Service Inc
1001 SW 5th Ave #500
Portland, OR 97204

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.

☐ Complete items 3, 4a, and 4b.

☐ Print your name and address on the reverse of this form so that we can return this card to you.

☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.

☐ Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Graham County Electric
P.O. Box Drawer B
Pima, AZ 85543

4a. Article Number

P618 188 222

4b. Service Type

☐ Registered

☐ Express Mail

☐ Return Receipt for Merchandise

☒ Certified

☐ Insured

☐ COD

7. Date of Delivery

10-28-00

8. Addressee's Address (Only if requested and fee is paid)

☐ Signature (Print Name)

☐ Signature (Addressee or Agent)

☐ Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.

☐ Complete items 3, 4a, and 4b.

☐ Print your name and address on the reverse of this form so that we can return this card to you.

☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.

☐ Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

FirstPoint Service Inc
1001 SW 5th Ave #500
Portland, OR 97204

4a. Article Number

P618 188 223

4b. Service Type

☐ Registered

☐ Express Mail

☐ Return Receipt for Merchandise

☒ Certified

☐ Insured

☐ COD

7. Date of Delivery

01/19/00

8. Addressee's Address (Only if requested and fee is paid)

☐ Signature (Print Name)

☐ Signature (Addressee or Agent)

☐ Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Enron
Energy
4742 North 24th Street
Phoenix, AZ 85016

4a. Article Number
9618 188 220

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

5. Received By: (Print Name)
Carol J. [Signature]

6. Signature (Addressee or Agent)
[Signature]

7. Date of Delivery
6/27/99

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Salt River Project
Mail Station PAB 221
P.O.B 52025
Phoenix, AZ 85072-2025

4a. Article Number
9618 188 221

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

5. Received By: (Print Name)
[Signature]

6. Signature (Addressee or Agent)
[Signature]

7. Date of Delivery
JUN 29 2000

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 618 188 220

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Enron
Energy
4742 North 24th Street
Phoenix, AZ 85016

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 221

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Salt River Project
Mail Station PAB 221
P.O.B 52025
Phoenix, AZ 85072-2025

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: KBAS AM
 1531 Jill Way #5
 Bullhead City, AZ 86426

4a. Article Number: P 618 188 217

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

5. Received By: (Print Name)

6. Signature (Addressee or Agent): *[Signature]*

7. Date of Delivery: 6/29

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: Garkane Power Assoc. Inc
 P.O. Box 790
 Richfield, UT 84701

4a. Article Number: P 618 188 219

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

5. Received By: (Print Name)

6. Signature (Addressee or Agent): *[Signature]*

7. Date of Delivery: 6-30

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

L-00000 u-00-0103
 P 618 188 217

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

KBAS AM
 1531 Jill Way #5
 Bullhead City, AZ 86426

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

P 618 188 217 #0103

US Postal Service

Garkane Power Assoc. Inc
 P.O. Box 790
 Richfield, UT 84701

PS Form 3800, April 1995

Post Office, State, & ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Postmark or Date	
TOTAL Postage & Fees	\$
Return Receipt Showing to Whom, Date, & Addressee's Address	
Return Receipt Showing to Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

P 618 188 215

Today's News - Herald
 2225 West Acoma Blvd
 Lake Havasu, AZ 86403

L-000004-00-0103

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

Today's News - Herald
 2225 West Acoma Blvd
 Lake Havasu, AZ 86403

4a. Article Number

P 618 188 215

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

7. Date of Delivery

6-28-00

8. Addressee's Address (Only if requested and fee is paid)

fee is paid)

fee is paid)

fee is paid)

6. Signature (Addressee or Agent)

Received By: (Print Name)
 102595-99-B-0223 Domestic Return Receipt
 PS Form 3811, December 1994

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

Postmark or Date	
TOTAL Postage & Fees	\$
Return Receipt Showing to Whom, Date, & Addressee's Address	
Return Receipt Showing to Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	

KNKK FM
 1531 Jill Way #5
 Bullhead City, AZ 86426

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

P 618 188 216

L-000004-00-0103

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

KNKK FM
 1531 Jill Way #5
 Bullhead City, AZ 86426

4a. Article Number

P 618 188 216

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

7. Date of Delivery

6-29

8. Addressee's Address (Only if requested and fee is paid)

fee is paid)

fee is paid)

fee is paid)

6. Signature (Addressee or Agent)

Received By: (Print Name)
 102595-99-B-0223 Domestic Return Receipt
 PS Form 3811, December 1994

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

P 618 188 213

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

KFLG AM & FM

1343 Hancock Rd

Bullhead City, AZ 86442

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 214

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

KFWJ AM

1642 McCulloch Blvd N #193

Lake Havasu, AZ 86403

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.

☐ Complete items 3, 4a, and 4b.

☐ Print your name and address on the reverse of this form so that we can return this card to you.

☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.

☐ Write "Return Receipt Requested" on the mailpiece below the article number.

☐ The Return Receipt will show to whom the article was delivered and the date delivered.
3. Article Addressed to:

KFLG AM & FM
1343 Hancock Rd
Bullhead City, AZ 86442

4a. Article Number

P618 188 213

4b. Service Type
☐ Registered

☐ Express Mail

☐ Return Receipt for Merchandise

☒ Certified
☐ Insured
☐ COD
7. Date of Delivery

6/28/00

8. Addressee's Address (Only if requested and fee is paid)
5. Received By: (Print Name)

PACIFIC ALEXAND

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.

☐ Complete items 3, 4a, and 4b.

☐ Print your name and address on the reverse of this form so that we can return this card to you.

☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.

☐ Write "Return Receipt Requested" on the mailpiece below the article number.

☐ The Return Receipt will show to whom the article was delivered and the date delivered.
3. Article Addressed to:

KFWJ AM
1642 McCulloch Blvd N #193
Lake Havasu, AZ 86403

4a. Article Number

P618 188 214

4b. Service Type
☐ Registered

☐ Express Mail

☐ Return Receipt for Merchandise

☒ Certified
☐ Insured
☐ COD
7. Date of Delivery

6-28-00

8. Addressee's Address (Only if requested and fee is paid)
5. Received By: (Print Name)

KFWJ AM

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 KNLB FM
 510 North Acoma Blvd
 Lake Havasu, AZ 86403

4a. Article Number
 P 618 188 211

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name)
 D.S. Eckelburger

6. Signature (Addressee or Agent)
D.S. Eckelburger

8. Addressee's Address (Only if requested and fee is paid)
 102595-99-B-0223 Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Bullhead City Bee
 1610 Riverview Drive #5
 Bullhead City, AZ 86442

4a. Article Number
 P 618 188 212

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name)
 Thom McGowan

6. Signature (Addressee or Agent)
Thom McGowan

8. Addressee's Address (Only if requested and fee is paid)
 102595-99-B-0223 Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

P 618 188 211
 US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

KNLB FM
 510 North Acoma Blvd
 Lake Havasu, AZ 86403

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 212
 US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Bullhead City Bee
 1610 Riverview Drive #5
 Bullhead City, AZ 86442

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 208

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse).

Mohave Valley Daily News
 2435 Miracle Mile
 Bullhead City, AZ 86439

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 209

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse).

KLUK FM
 1531 Jill Way
 Bullhead City, AZ 86426

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Mohave Valley Daily News
 2435 Miracle Mile
 Bullhead City, AZ 86439

4a. Article Number
 P 618 188 208

4b. Service Type

☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

☒ Certified
☐ Insured

5. Received By: (Print Name)
 Linda Whitaker

6. Signature (Addressee or Agent)
 Linda Whitaker

7. Date of Delivery
 6/28/92

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

KLUK FM
 1531 Jill Way
 Bullhead City, AZ 86426

4a. Article Number
 P 618 188 209

4b. Service Type

☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

☒ Certified
☐ Insured

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
 Linda Whitaker

7. Date of Delivery
 6/29

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
KZZZ
 2534 Hualapai Mountain Rd
 Kingman, AZ 86401-6411

4a. Article Number
P 618 188 206

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

5. Received By: (Print Name)
Jeanine Colard

6. Signature (Addressee or Agent)
Jeanine Colard

7. Date of Delivery
02/28/00

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
KZUL FM
 2068 McCulloch Blvd #A
 Lake Havasu, AZ 86403

4a. Article Number
P 618 188 207

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

5. Received By: (Print Name)
Chad Hunt

6. Signature (Addressee or Agent)
Chad Hunt

7. Date of Delivery
02-28-00

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Thank you for using Return Receipt Service

P 618 188 206

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse).

KZZZ
 2534 Hualapai Mountain Rd
 Kingman, AZ 86401-6411

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 207

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse).

KZUL FM
 2068 McCulloch Blvd #A
 Lake Havasu, AZ 86403

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

5. Received By: (Print Name)
 6. Signature (Address or Agent)
 7. Date of Delivery
 8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:
 KGMN FM
 812 East Beale Street
 Kingman, AZ 86401

4a. Article Number
 4b. Service Type
 4c. Registered
 4d. Express Mail
 4e. Return Receipt for Merchandise
 4f. COD

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

5. Received By: (Print Name)
 6. Signature (Address or Agent)
 7. Date of Delivery
 8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:
 KGMN FM
 812 East Beale Street
 Kingman, AZ 86401

4a. Article Number
 4b. Service Type
 4c. Registered
 4d. Express Mail
 4e. Return Receipt for Merchandise
 4f. COD

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

5. Received By: (Print Name)
 6. Signature (Address or Agent)
 7. Date of Delivery
 8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:
 KRCY FM
 1955 South Casino Drive #101
 Laughlin, NV 89029

4a. Article Number
 4b. Service Type
 4c. Registered
 4d. Express Mail
 4e. Return Receipt for Merchandise
 4f. COD

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

5. Received By: (Print Name)
 6. Signature (Address or Agent)
 7. Date of Delivery
 8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:
 KRCY FM
 1955 South Casino Drive #101
 Laughlin, NV 89029

4a. Article Number
 4b. Service Type
 4c. Registered
 4d. Express Mail
 4e. Return Receipt for Merchandise
 4f. COD

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Thank you for using Return Receipt Service.

P 618 188 203

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

KGMN FM
 812 East Beale Street
 Kingman, AZ 86401

PS Form 3800, April 1991

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	L# 0103

P 618 188 205

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

KRCY FM
 1955 South Casino Drive #101
 Laughlin, NV 89029

PS Form 3800, April 1991

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Director
 Ron Lee
 Bureau of Indian Affairs Department
 of the Interior
 1400 West Washington #300
 Phoenix, AZ 85007

4a. Article Number
 P618 188 200

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

5. Received By: (Print Name)
 Ron Lee

6. Signature (Addressee or Agent)
 Ron Lee

7. Date of Delivery
 APR 28 2000

8. Addressee's Address (Only if requested and fee is paid)
 102595-99-B-0223 Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 KAAA AM
 2534 Hualapai Mountain Rd
 Kingman, AZ 86401-6411

4a. Article Number
 P618 188 201

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

5. Received By: (Print Name)
 JERAMINE COLLARD

6. Signature (Addressee or Agent)
 Jeramine Collard

7. Date of Delivery
 4/28/00

8. Addressee's Address (Only if requested and fee is paid)
 102595-99-B-0223 Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

P 618 188 200

L0103

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Director
 Ron Lee
 Bureau of Indian Affairs Department
 of the Interior
 1400 West Washington #300
 Phoenix, AZ 85007

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

L# 0103

P 618 188 201

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

KAAA AM
 2534 Hualapai Mountain Rd
 Kingman, AZ 86401-6411

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

L# 0103

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Thomas Aragon
 Mohave County Planning and Zoning
 Department
 P.O.Box 7000
 Kingman, AZ 86402-7000

4a. Article Number
618 188 198

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☒ Certified
☐ Insured
☐ COD

7. Date of Delivery
27 JUN 1994

8. Addressee's Address (only if requested and fee is paid)
 USPS

5. Received By: (Print Name)
Thomas Aragon

6. Signature (Addressee or Agent)
Thomas Aragon

PS Form 3800, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Director
Chris Ballard
 Mohave County Planning & Zoning
 Department
 P.O.Box 7000
 Kingman, AZ 86402-7000

4a. Article Number
618 188 199

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☒ Certified
☐ Insured
☐ COD

7. Date of Delivery
27 JUN 1994

8. Addressee's Address (only if requested and fee is paid)
 USPS

5. Received By: (Print Name)
Chris Ballard

6. Signature (Addressee or Agent)
Chris Ballard

PS Form 3800, December 1994

Thank you for using Return Receipt Service.

P 618 188 198

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Thomas Aragon
 Mohave County Planning and Zoning
 Department
 P.O.Box 7000
 Kingman, AZ 86402-7000

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

P 618 188 199

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Director
Chris Ballard
 Mohave County Planning & Zoning
 Department
 P.O.Box 7000
 Kingman, AZ 86402-7000

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to: **John P. Aber**
Cocconino County Arizona
2500 North Fort Valley Rd Bldg #1
Flagstaff, AZ 86001-9331

4a. Article Number **618 188 196**

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name)
Melinda Rockhold

6. Signature (Addressee or Agent)
Melinda Rockhold

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

102505-99-B-0223 Domestic Return Receipt
PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to: **Andy Jochums**
Yavapai County Planning and
Building Department
500 South Marina Street
Prescott, AZ 86303

4a. Article Number **618 188 197**

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name)
Pat Hulse

6. Signature (Addressee or Agent)
Pat Hulse

7. Date of Delivery **06/10/00**

8. Addressee's Address (Only if requested and fee is paid)

102505-99-B-0223 Domestic Return Receipt
PS Form 3811, December 1994

P 618 188 196

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Planner
John P. Aber
Cocconino County Arizona
2500 North Fort Valley Rd Bldg #1
Flagstaff, AZ 86001-9331

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1991

P 618 188 197

US Postal Service
Receipt for Certified Mail
Planner
Andy Jochums
Yavapai County Planning and
Building Department
500 South Marina Street
Prescott, AZ 86303

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 194

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

PS Form 3800, April 1995

Robert Lynch
340 East Palm Ln #140
Phoenix, AZ 85007-4529

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 195

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

PS Form 3800, April 1995

Timothy Hogan
Arizona Center for Law in the Public
Interest
202 East McDowell Rd #153
Phoenix, AZ 85004

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

Robert Lynch
340 East Palm Ln #140
Phoenix, AZ 85007-4529

4a. Article Number

P618 188 194

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

6-28-94

5. Received By: (Print Name)

Robert Lynch

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

Timothy Hogan
Arizona Center for Law in the Public
Interest
202 East McDowell Rd #153
Phoenix, AZ 85004

4a. Article Number

P618 188 195

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

6-29-2000

5. Received By: (Print Name)

THOMAS WYATT

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-8-0223

Domestic Return Receipt

P 618 188 192

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Bureau of Land Management

Arizona State Office

222 North Central Ave

Phoenix, AZ 85004-2203

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1991

P 618 188 193

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Director

Gordon Taylor

Arizona State Land Department

Asset Management Division

1616 West Adams

Phoenix, AZ 85007

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Bureau of Land Management
 Arizona State Office
 222 North Central Ave
 Phoenix, AZ 85004-2203

4a. Article Number
 0618 188 192

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name)
 Gary E. Salmeron

6. Signature (Addressee or Agent)
[Signature]

7. Date of Delivery
 6/28

8. Addressee's Address (Only if requested and fee is paid)
 102595-99-B-0223 Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Director
 Gordon Taylor
 Arizona State Land Department
 Asset Management Division
 1616 West Adams
 Phoenix, AZ 85007

4a. Article Number
 0618 188 193

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name)
 G. Taylor

6. Signature (Addressee or Agent)
[Signature]

7. Date of Delivery
 APR 28 2000

8. Addressee's Address (Only if requested and fee is paid)
 102595-99-B-0223 Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Scott McCullough
 Planning & Development Department
 411 North Central Ave 3rd Floor
 Phoenix, AZ 85004

4a. Article Number
 P618 188 190

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name)
 Gloria Mendez

6. Signature (Addressee or Agent)
 Gloria Mendez

7. Date of Delivery
 6-28-90

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Suzanne Pfister
 BJ Communications
 3101 North Central Ave #870
 Phoenix, AZ 85012

4a. Article Number
 P618 188 191

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name)
 Suzanne Pfister

6. Signature (Addressee or Agent)
 Suzanne Pfister

7. Date of Delivery
 JUN 28 1990

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

P 618 188 190

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)
 Scott McCullough
 Planning & Development Department
 411 North Central Ave 3rd Floor
 Phoenix, AZ 85004

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

P 618 188 191

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)
 Suzanne Pfister
 BJ Communications
 3101 North Central Ave #870
 Phoenix, AZ 85012

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Robert B. Weisenmiller, Ph.D
 MRW & Associates, Inc
 1999 Harrison Street #1440
 Oakland, CA 94612

4a. Article Number
 1618 188 188

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name)
 Blake Chad

6. Signature (Addressee or Agent)
 Blake Chad

7. Date of Delivery
 12/29/94

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 10255-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Karen L. Peters, Esq
 Squire, Sanders & Dempsey LLP
 40 North Central Ave #2700
 Phoenix, AZ 85004

4a. Article Number
 1618 188 189

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name)
 AC Squire

6. Signature (Addressee or Agent)
 AC Squire

7. Date of Delivery
 12/29/94

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 10255-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 618 188 188

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse).

Robert B. Weisenmiller, Ph.D
 MRW & Associates, Inc
 1999 Harrison Street #1440
 Oakland, CA 94612

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800 April 1995

P 618 188 189

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse).

Karen L. Peters, Esq
 Squire, Sanders & Dempsey LLP
 40 North Central Ave #2700
 Phoenix, AZ 85004

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800 April 1995

P 618 188 186
US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
Sent to

Alan Matheson, Esq
Ryley, Carlock & Applewhite
101 North 1st Ave #2700
Phoenix, AZ 85003-1973

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

L000004-00-010
P 618 188 187

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Patrick M. Sherrill
5310 East Camelback Rd
Phoenix, AZ 85018

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

is your RETURN ADDRESS completed on the reverse side?

SENDER: L-000004-00-0103 NY

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:
Alan Matheson, Esq
Ryley, Carlock & Applewhite
101 North 1st Ave #2700
Phoenix, AZ 85003-1973

4a. Article Number
618 188 186

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name)
BERENICE RYAN, REG 2

6. Signature (Address or Agent)
Berenice Ryan

7. Date of Delivery
JUN 28 2000

8. Addressee's Address (Only if requested and fee is paid)
DOWNTOWN PHOENIX, AZ 85004

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: L-000004-00-0103 NY

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:
Patrick M. Sherrill
5310 East Camelback Rd
Phoenix, AZ 85018

4a. Article Number
618 188 187

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name)
PATRICK M. SHERRILL

6. Signature (Address or Agent)
Patrick M. Sherrill

7. Date of Delivery
6-28-00

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

1-00000 u-00-0103 *neg.*

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
State Historic Preservation Officer
James W. Garrison
Arizona State Parks
1300 West Washington
Phoenix, AZ 85007

4a. Article Number
P 618 188 184

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified

5. Received By: (Print Name)
James W. Garrison

6. Signature (Addressed to Agent)
[Signature]

7. Date of Delivery
APR 28 2000

8. Addressee's Address (Only if requested and fee is paid)
 102595-99-B-0223 Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

1-00000 u-00-0103 *neg.*

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Stirling Energy Systems
Lucille Hays
Biltmore Corporate Park
6245 North 24th Parkway #209
Phoenix, AZ 85016-2030

4a. Article Number
P 618 188 185

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified

5. Received By: (Print Name)
D. L. Hays

6. Signature (Addressed to Agent)
[Signature]

7. Date of Delivery
JUN 28 2000

8. Addressee's Address (Only if requested and fee is paid)
 102595-99-B-0223 Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

P 618 188 184

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

State Historic Preservation Officer
James W. Garrison
Arizona State Parks
1300 West Washington
Phoenix, AZ 85007

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

P 618 188 185

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Lucille Hays
Stirling Energy Systems
Biltmore Corporate Park
6245 North 24th Parkway #209
Phoenix, AZ 85016-2030

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
City Manager
Frank Abeyta
1255 Marina Blvd
Bullhead City, AZ 86442-5733

4a. Article Number
6618 188 182

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

5. Received By: (Print Name)
Frank Abeyta

6. Signature (Addressee or Agent)
Frank Abeyta

7. Date of Delivery
6/28

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
City Clerk
Pat Nichols
1255 Marina Blvd
Bullhead City, AZ 86442-5733

4a. Article Number
6618 188 183

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

5. Received By: (Print Name)
Pat Nichols

6. Signature (Addressee or Agent)
Pat Nichols

7. Date of Delivery
6/28

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 618 188 182

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to
City Manager
Frank Abeyta
1255 Marina Blvd
Bullhead City, AZ 86442-5733

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 183

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

City Clerk
Pat Nichols
1255 Marina Blvd
Bullhead City, AZ 86442-5733

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

SENDER: Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 City Manager
 Louis G. Sorenson
 310 North 4th Street
 Kingman, AZ 86401

4a. Article Number
 P 618 188 177

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery
 6-28

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 Louis G. Sorenson

6. Signature (Addressee or Agent)
 Louis G. Sorenson

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

SENDER: Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Dolan Springs Chamber of Commerce
 16154 North Pierce Ferry Rd
 Dolan Springs, AZ 86441

4a. Article Number
 P 618 188 179

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery
 6-28

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 Louis G. Sorenson

6. Signature (Addressee or Agent)
 Louis G. Sorenson

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Thank you for using Return Receipt Service.

P 618 188 177

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

City Manager
 Louis G. Sorenson
 310 North 4th Street
 Kingman, AZ 86401

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

P 618 188 179

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.

Dolan Springs Chamber of Commerce
 16154 North Pierce Ferry Rd
 Dolan Springs, AZ 86441

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

P 618 188 175

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Mayor

Lester Byram

310 North 4th Street

Kingman, AZ 86401

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1991

P 618 188 176

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

City Attorney

Charlotte Wells

310 North 4th Street

Kingman, AZ 86401

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.

☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.

☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

Mayor
 Lester Byram
 310 North 4th Street
 Kingman, AZ 86401

4a. Article Number

P618 188 175

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

6-28

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102555-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.

☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.

☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

City Attorney
 Charlotte Wells
 310 North 4th Street
 Kingman, AZ 86401

4a. Article Number

P618 188 176

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

6-28

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102555-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Postmark or Date	
TOTAL Postage & Fees	\$
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)
 James Zabersky
 Mohave County Board of Supervisors
 1130 Hancock Road
 Bullhead City, AZ 86442

P 618 188 173

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)
 Buster D. Johnson
 Mohave County Board of Supervisors
 2001 North College Drive
 Lave Havasu, AZ 86403

P 618 188 174

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

L-000004-00-0103

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

James Zabersky
 Mohave County Board of Supervisors
 1130 Hancock Road
 Bullhead City, AZ 86442

4a. Article Number

P618 188 173

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

6/29/02

8. Addressee's Address (Only if requested and fee is paid)

J. DELANEY

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

Buster D. Johnson
 Mohave County Board of Supervisors
 2001 North College Drive
 Lave Havasu, AZ 86403

4a. Article Number

P618 188 174

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

6.28

8. Addressee's Address (Only if requested and fee is paid)

B. A. RIST

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

L-00000-U-00-0103 Hrg.

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Carol S. Anderson
Mohave County Board of Supervisors
P.O.Box 7000
Kingman, AZ 86401

4a. Article Number

P618 188 172

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

Carol S. Anderson

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

Kingman, AZ 86401

Thank you for using Return Receipt Service.

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Arizona Reporting Service
2627 North 3rd Street #3
Phoenix, AZ 85004-1103

4a. Article Number

P618 188 171

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

6-27

5. Received By: (Print Name)

Nancy P. Blodine

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

**US Postal Service
Receipt for Certified Mail**

P 618 188 172

No Insurance Coverage Provided.
Carol S. Anderson
Mohave County Board of Supervisors
P.O.Box 7000
Kingman, AZ 86401

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

**US Postal Service
Receipt for Certified Mail**

P 618 188 171

Arizona Reporting Service
2627 North 3rd Street #3
Phoenix, AZ 85004-1103

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

102595-99-B-0223

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Principal
Randy Palmer
Environmental Planning Grp. Inc
4350 East Camelback Rd Suite #G-200
Phoenix, AZ 85018

4a. Article Number
618 188 169

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified

7. Date of Delivery
6-27-00

5. Received By: (Print Name)
Randy Palmer

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)
Randy Palmer

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Michael Grant
2575 East Camelback Rd
Phoenix, AZ 85016-9225

4a. Article Number
618 188 170

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified

7. Date of Delivery
6-27-00

5. Received By: (Print Name)
J.R. Hender

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)
J.R. Hender

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

P 618 188 169

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Principal

Randy Palmer

Environmental Planning Grp. Inc

4350 East Camelback Rd Suite #G-200

Phoenix, AZ 85018

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 170

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Michael Grant

2575 East Camelback Rd

Phoenix, AZ 85016-9225

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
General Manager
Arlene Arviso
Dine Power Authority
Morgan Boulevard
Window Rock, AZ 86515

4a. Article Number
618188167

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

7. Date of Delivery
7-5-00

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Arlene Arviso

6. Signature (Addressee or Agent)
[Signature]

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
President
Garlyn Bergdale
Environmental Planning Grp. Inc
4350 East Camelback Rd. Suite #G200
Phoenix, AZ 85018

4a. Article Number
618188168

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

7. Date of Delivery
6-27-00

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
[Signature]

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

P 618 188 167

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

General Manager
Arlene Arviso
Dine Power Authority
Morgan Boulevard
Window Rock, AZ 86515

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 168

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

President
Garlyn Bergdale
Environmental Planning Grp. Inc
4350 East Camelback Rd. Suite #G200
Phoenix, AZ 85018

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 165

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Robert Berger
Nina M. Pulliam Trust
200 East Van Buren
Phoenix, AZ 85004

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Postmark or Date	
TOTAL Postage & Fees	\$
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	

PS Form 3800, April 1995

Dine Power Authority
P.O.Box 3239
Window Rock, AZ 86515

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

P 618 188 165

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Dine Power Authority
P.O.Box 3239
Window Rock, AZ 86515

4a. Article Number
9618 188 166

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified

7. Date of Delivery
7-5-00

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Window Rock, AZ

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Robert Berger
Nina M. Pulliam Trust
200 East Van Buren
Phoenix, AZ 85004

4a. Article Number
9618 188 165

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified

7. Date of Delivery
6/28/00

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Nina 2055

6. Signature (Addressee or Agent)
Nina 2055

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Arlo Lee
P.O.Box 207
St. Johns, AZ 85936

4a. Article Number
618 188 163

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

5. Received By: (Print Name)
KATY CLEE

6. Signature (Addressee or Agent)
Katy Clee

7. Date of Delivery
6/28/00

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102505-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Jeff Maguire
P.O.Box 1046
Sun City, AZ 85372

4a. Article Number
618 188 164

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
Jeff Maguire

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102505-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 618 188 163

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Arlo Lee
P.O.Box 207
St. Johns, AZ 85936

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

P 618 188 164

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Jeff Maguire
P.O.Box 1046
Sun City, AZ 85372

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Sandie Smith
 Pinal County Board of Supervisors
 575 North Idaho Road #101
 Apache Junction, AZ 85219

4a. Article Number
 P 618 188 160

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified

5. Received By: (Print Name)
 Sandie Smith

6. Signature (Addressee or Agent)
 Sandie Smith

7. Date of Delivery
 6/27/00

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Richard Tobin
 Department of Environmental Quality
 Office of Air Quality
 3033 North Central Ave M0101B
 Phoenix, AZ 85012-2809

4a. Article Number
 P 618 188 162

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified

5. Received By: (Print Name)
 Richard Tobin

6. Signature (Addressee or Agent)
 Richard Tobin

7. Date of Delivery
 JUN 28 2000

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 618 188 160

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sandie Smith
 Pinal County Board of Supervisors
 575 North Idaho Road #101
 Apache Junction, AZ 85219

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 162

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Richard Tobin
 Department of Environmental Quality
 Office of Air Quality
 3033 North Central Ave M0101B
 Phoenix, AZ 85012-2809

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

7-000004-00-0103 *Ang*

is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:
*Paul Buellis, Chairman
 Office of the Attorney General
 1275 West Washington
 Phoenix, AZ 85007*

4a. Article Number
P 618 188 157

4b. Service Type
☐ Registered
☐ Express Mail
☒ Certified
☐ Insured
☐ COD
☐ Return Receipt for Merchandise

5. Date of Delivery
APR 27 2000

6. Addressee's Address (Only if requested and fee is paid)
*Paul Buellis
 Office of the Attorney General
 1275 West Washington
 Phoenix, AZ 85007*

7. Reproduction of Return Receipt (Only if requested and fee is paid)
PS Form 3811, December 1994

8. Addressee's Address (Only if requested and fee is paid)
*Paul Buellis
 Office of the Attorney General
 1275 West Washington
 Phoenix, AZ 85007*

102595-99-B-0223 Domestic Return Receipt

7-000004-00-0103 *Ang*

is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:
*Mark McWhirter
 Director Energy Office
 Department of Commerce
 3800 North Central Ave #1200
 Phoenix, AZ 85012*

4a. Article Number
P 618 188 157

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☒ Certified
☐ Insured
☐ COD

5. Date of Delivery
6/28/00

6. Addressee's Address (Only if requested and fee is paid)
*Mark McWhirter
 Director Energy Office
 Department of Commerce
 3800 North Central Ave #1200
 Phoenix, AZ 85012*

7. Reproduction of Return Receipt (Only if requested and fee is paid)
PS Form 3811, December 1994

8. Addressee's Address (Only if requested and fee is paid)
*Mark McWhirter
 Director Energy Office
 Department of Commerce
 3800 North Central Ave #1200
 Phoenix, AZ 85012*

102595-99-B-0223 Domestic Return Receipt

7-000004-00-0103
 P 618 188 157

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to
Paul Buellis
 Street & Number
1275 W. Washington
 Post Office, State, & ZIP Code
Phx. AZ 85007

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$

Postmark or Date

PS Form 3800, April 1995

7-000004-00-0103
 P 618 188 157

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Mark McWhirter
 Director Energy Office
 Department of Commerce
 3800 North Central Ave #1200
 Phoenix, AZ 85012

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$

Postmark or Date

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Wayne Smith
 6106 South 32nd Street
 Phoenix, AZ 85040

4a. Article Number:
 Z 773 974 147

4b. Service Type:
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

7. Date of Delivery:
 7-6-00

8. Addressee's Address (Only if requested and fee is paid):

6. Signature (Addressee or Agent):
 [Signature]

5. Received By: (Print Name):
 [Signature]

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Kingman Daily Miner
 P.O. Box 3909
 Kingman, AZ 86402

4a. Article Number:
 Z 773 974 157

4b. Service Type:
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

7. Date of Delivery:
 7-10

8. Addressee's Address (Only if requested and fee is paid):

5. Received By: (Print Name):
 Diane S. Elliott

6. Signature (Addressee or Agent):
 [Signature]

PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

Sent to:
 Wayne Smith
 Street and No.:
 6106 South 32nd Street
 P.O., State and ZIP Code:
 PHOENIX, AZ 85040

Postage:
 \$

Certified Fee:
 \$

Special Delivery Fee:
 \$

Restricted Delivery Fee:
 \$

Return Receipt Showing to Whom & Date Delivered:
 \$

Return Receipt Showing to Whom, Date, and Addressee's Address:
 \$

TOTAL Postage & Fees:
 \$

Postmark or Date:

PS Form 3800, March 1993

Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

Sent to:
 Kingman Daily Miner
 Street and No.:
 P.O., State and ZIP Code:
 P.O. Box 3909
 Kingman, AZ 86402

Postage:
 \$86402

Certified Fee:
 \$

Special Delivery Fee:
 \$

Restricted Delivery Fee:
 \$

Return Receipt Showing to Whom & Date Delivered:
 \$

Return Receipt Showing to Whom, Date, and Addressee's Address:
 \$

TOTAL Postage & Fees:
 \$

Postmark or Date:

PS Form 3800, March 1993